BHR CCGs AREA PRESCRIBING SUB-COMMITTEES Thursday 16th March 2017 BOARDROOM A, BECKETTS HOUSE, ILFORD, IG1 2QX	
PRESENT	
Dr G Kalkat (GK)	Chair, GP, Clinical Director Prescribing Lead, Barking & Dagenham (B&D) Clinical Commissioning Group (CCG)
Oge Chesa (OC)	Deputy Chief Pharmacist, Barking & Dagenham, Havering and Redbridge CCGs (BHR CCGs)
Belinda Krishek (BK)	Chief Pharmacist, BHR CCGs
Dr S Raza (SR)	GP, Clinical Director Prescribing Lead, Redbridge CCG
Dr A Tran (AT)	GP, Clinical Director Prescribing Lead, Havering CCG
Julia Quant (JQ)	Prescribing Advisor for BHR CCGs
Olufunlola Apakama (OA)	Prescribing Advisor for BHR CCGs, representing Barking & Dagenham CCG
Mohamed Kanji (MK)	Prescribing Advisor for BHR CCGs
Saiqa Mughal (SM)	Prescribing Adviser for BHR CCGs
Heather Walker (HW)	Chief Pharmacist, North East London Foundation Trust (NELFT)
Dr K Kugathas (KK)	GP, Redbridge Local Medical Committee (LMC) Representative
Dinesh Gupta (DG)	Deputy Chief Pharmacist, Barking, Havering and Redbridge University Hospitals (BHRUT)
Imran Jan (IJ)	Pharmacist, North East London (NEL) Local Pharmaceutical Committee (LPC)
Hemant Patel (HP)	Secretary, NELLPC
Denise Baker (DB)	Business Manager, BHR CCGs
Bimpe Eshilokun	Team Administrator, BHR CCGs (observing)
APOLOGIES	
Sarla Drayan (SD)	Chief Pharmacist, BHRUT
Kam Takhar (KT)	Deputy Chief Pharmacist, NELFT
Diane Meid (DM)	Lay member
Sanjay Patel (SP)	QIPP Pharmacist, BHR CCGs
Vicki Kong (VK)	QIPP Pharmacist, BHR CCGs
IN ATTENDANCE	
Dr G I Slapak (GS)	Consultant Hepatologist, BHRUT
Stuart Hill (SH)	Clinical Pharmacist, BHRUT
Riaz Esmail (RE)	Pharmacist, Partnership of East London Co-operatives (PELC) Ltd
Veer Patel (VP)	Pharmacy Coordinator, PELC

34.1	**Welcome / Introduction / Apologies** A list of apologies was received as shown on page 1. Introductions were provided.	**Action and by whom**
34.2	**Declarations of potential conflicts of interest** None were received.	
34.3	**Minutes of previous meeting** The minutes of the previous meeting were agreed subject to the amendment of the wording to Item 33.17 which was read to the committee for approval. The redacted minutes for the November meeting were agreed. **Approved for addition to the websites.**	**MMT** - The following wording was approved as an amendment to Item 33.17: 'Medicines Management Representative explained that delivered doses of Braltus and Spiriva were both 10 micrograms. However, both products had different pre-metered doses and as these pre-metered doses were included on the packaging this could cause some confusion for HCPs and patients when considering a switch. Four options were discussed by the committee. Option 1 – it was agreed for Braltus to be added as an option of tiotropium if indicated for COPD Option 2 – it was agreed to request BHRUT and Barts Health to add Braltus to formulary Option 4 – it was agreed to add a switch message on ScriptSwitch Option 3 – it was not agreed for Medicines Management Team Practice Support Officers to actively switch patients from Spiriva to Braltus due to differences in inhalers and different strengths leading to confusion with HCPs and patients. Switch protocol not agreed.' - The addition of the following action for MMT to Item 33.17: ❖ to request Braltus for inclusion to Barts Health Formulary
34.4	**Matter Arising**	
	Prescriber Advice: Thickener (Item 31.10 in September minutes) Information relating to Speech and Language Therapy (SALT) referral criteria and referral waiting times had been previously requested following the presentation of the advice to the committee. The following information had since been provided by the NELFT dietetic team: 'For our patients with dysphagia we currently aim to see them within10 working days of the referral being received. This is for Havering, B&D and Redbridge. A recent audit of this service showed that approx. 80% of patients did get seen within this time frame. The other referrals were delayed either due to patient's commitments and them being unable to attend the first appointment offered or the delay being caused by staff A/L. In these cases patients were seen within 15 working days'. **Sepsis Information Leaflets (Item 31.11 in September minutes)** NELFT Representative confirmed that the Sepsis leaflet and supporting resources had been distributed to the appropriate colleagues within NELFT for dissemination.	

	Prevention of Atrial Fibrillation (AF) Related Stroke (Item 31.7 in September minutes) Medicines Management Representative advised the committee of a primary care programme to improve the care and treatment of people with AF in Redbridge. The programme had commenced on the 1st March 2017 and was to run until 31st March 2018 providing an opportunity to increase detection, provide appropriate risk assessment and subsequently appropriate treatment for patients including anticoagulation. If the programme was successful an approach for Havering and Barking & Dagenham could be considered. **Opiate Risk Assessment Tool (ORAT) (London Borough of Barking & Dagenham) (Item 33.4 in January minutes)** Medicines Management Representative advised that a meeting had taken place with the project working group on the 25th January 2017 and this had explained the reasoning as to the requirement for the ORAT which was able to provide patient specific data not available from the BHR CCG resource, Health Analytics. An update paper was to be produced for submission to the APC meeting which would hopefully include other CCGs experience of the ORAT. It was confirmed that the project had not yet commenced in B & D. **Medicines in schools and prescribing (Item 33.8 om January minutes)** At the previous APC meeting it had been agreed that the committee would support Option 2 in support of self- care: *BHR CCGs to adopt a position statement that recommends OTC medicines required for pupils in schools to be labelled by the supplying pharmacist as to ensure safe administration by personnel in the school setting'* However, LPC Representative advised that the North East London Pharmaceutical Committee (NELLPC) did not support the recommendation as it was felt that this would increase the time/workload of the community pharmacists and could also lead to an error in labelling occurring. It was explained that the OTC product would only require the patients name to be included in the additional label and would support the self- care agenda and patient safety. Whilst it was understood that community pharmacists were under no legal obligation to provide a label for an OTC medicine, the provision of this label for school children only, was envisaged by the committee to promote partnership working. After further discussion LPC Representative advised that the NELLPC would not support the labelling of OTC medicines for school children as part of support to the self-care agenda and therefore Option 2 could not be implemented for BHR CCGs. **Not approved.** **ScriptSwitch Message Review (Item 33.11 in January minutes)**	

	It had been agreed to seek the views of BHRUT Consultant Neurologist regarding the switching of anti-epileptic drugs to generic. BHRUT Consultant Neurologist had advised that he did not support a switch from Keppra to Levetiracetum (or switches of any anti-epileptics as to err on the side of caution) and therefore the suggested ScriptSwitch message was withdrawn. **Update on Home Oxygen (Item 33.12 in January minutes)** Medicines Management Representative advised that all relevant nhs.net accounts had been included in the list of trained specialists who could request home oxygen via the Home Oxygen Order Form (HOOF) Part B. The committee was informed that the Home Oxygen Service and Review teams were attending the forthcoming BHR Prescribing Forums to inform on the service available. **Switching from Spiriva Handihaler to Braltus including protocol (Item 33.17 in January minutes)** It had been suggested at the previous APC meeting that a discussion with BHRUT Respiratory Consultant take place regarding the use of Braltus and its place in therapy. However, due to the imminent review of the COPD guideline it was agreed that as both Barts Health and BHRUT would be involved in the update of the guideline an independent discussion of Braltus was not necessary.	
34.5	**Chairman's Action**	
	Not applicable for this meeting.	
	Agenda Items	
34.6	**Novel Oral Anticoagulants (NOACs) Follow up and monitoring checklist in Atrial Fibrillation (AF)/ VTE patients in primary care (BHRUT)** The above document having received APC approval for AF patients had since been revised to include VTE patients who required monitoring by their GP having been discharged by the hospital on a NOAC. A concern was raised regarding patients being transferred to their GPs care who required treatment for less than six months. However BHRUT Representative explained that patients who required less than six months treatment for VTE would be retained by the hospital for treatment. **Approved.**	
34.7	**Shared Care Guideline for Mercaptopurine and Azathioprine in Inflammatory Bowel Disease and Autoimmune Hepatitis (BHRUT)** Consultant Hepatologist and Clinical Pharmacist, from BHRUT were welcomed to the meeting and presented the above shared care guideline which had been revised since receiving APC approval to include Autoimmune Hepatitis. The amendments to the document had been	**BHRUT** - The following amendments were requested to the guideline: • Page numbers to be added • Page 4, Shared Care Responsibilities, General Practitioner

	highlighted in red and it was explained to the committee that patients were seen within the clinic four times a year with an option to be monitored by the surveillance clinic; this allows patients to be reviewed by telephone twice a year with the other two appointments at the hospital. They informed that there were currently 22 patient suffering from autoimmune hepatitis and therefore numbers were relatively small across BHR. Whilst hospital clinicians were able to monitor and prescribe for these patients it was felt that GPs involvement in their treatment may provide an additional method of ensuring patients receive the appropriate monitoring, as should they not attend the hospital clinics, they would need to be seen by their GP to obtain a prescription. Amendments were requested to the shared care responsibilities for GPs and a concern was raised regarding access to clinicians for support. BHRUT Clinical Pharmacist confirmed that the telephone number for the Hepatology secretary provided adequate access to the clinicians and a problem in responding to queries had not been previously raised. **Agreed subject to amendment.**	❖ Point 2, revise the wording to 'Prescribe the drug treatment as described upon stabilisation following the first three months of treatment or after dose changes.' ❖ Point 3, add the following wording after stabilisation, 'when this has been agreed in advance with the Consultant.'
	GS and SH left the meeting.	
34.8	**Shared Care Prescribing Guidance for Treatment of Gender Dysphoria in Transwomen/Transmen (West London Mental Health Trust)** Medicines Management Representative explained to the committee that the two shared care prescribing guidance documents had been provided to support the previous GMC guidance that was considered at the January APC meeting. After a short discussion it was apparent that numerous errors had been made in the production of the documents. It was agreed not to consider the documents further but to inform West London Mental Health Trust (WLMHT) of the list of errors found in the guidance and request that a thorough check of the information takes place. Concern was raised regarding the mis-information that had been identified in the documents and therefore it was requested that both NHS England (NHSE) and the General Medical Council (GMC) be contacted to ascertain whether the information that was being provided to support prescribing in primary care was accurate and fit for purpose. **Not Approved.**	**MMT** - To communicate the following errors as evidence of misinformation within the shared care guidelines to WLMHT: <u>Female to Male Transexuals SCG</u> • Page 4, ❖ second paragraph of letter, spelling of 'sustenon' to be corrected to 'sustanon' which appears numerous times throughout the document ❖ provide referencing for the sentence commencing 'The standardised mortality rate….' • Page 5, ❖ Place in Therapy, reference the Joint society guidelines that are referred to ❖ Dose and route of administration, Third Line, this stage treatment should be managed by a specialist only • Page 6, ❖ Stage 4, information is unclear and needs clarification ❖ Stage 5, contradictory information provided for patient treatment ❖ Duration of treatment, amendment to Life-long 'oestrogen' treatment which should state testosterone ❖ Criteria for stopping treatment, if dose change occurs then specialist advice would be required ❖ Postoperative should refer to 'testosterone' and not 'oestrogen' • Page 7,

		❖ Monitoring requirements once stable including frequency, GP section should clarify if monitoring should be 6 months then annually thereafter ❖ The same information is provided in both SCGs for this section? ❖ Follow up arrangements, last sentence should refer to 'masculinising' and not 'feminising' ❖ Page 8, incorrect referencing to gender throughout information provided e.g prostate cancer <u>Male to Female Transexuals SCG</u> • Page 5, provide reference for the UK Intercollegiate Standards of Care - To be noted that the above list of amendments is not conclusive for either document and both SCGs should be reviewed thoroughly to check accuracy and appropriateness of information provided by WLMHT - To contact both NHSE and GMC to reiterate the concerns of BHR CCGs and request confirmation of the accuracy of information/guidance being presented to GPs to support prescribing within primary care
34.9	**Acute Kidney Injury (AKI) Patient FAQ sheet and letter to GP (BHR CCGs)** Medicines Management Representative explained to the committee the need for the above documents to support the sick day rules guidance that had previously been approved by the APC. The patient FAQ sheet and the letter to GP were considered and amendments were requested to the FAQ sheet. The committee were advised that an AKI patient card had also been produced and an example was circulated. It was suggested that the LPC could support the initiative by inserting the cards into the bags that are provided to patients when collecting their medications from the pharmacy as well as stimulating Medicine Use Reviews (MURs) for relevant patients. This would be further discussed with the LPC. Both NELFT and BHRUT colleagues confirmed that they supported the initiative with BHRUT having already produced their own AKI FAQ sheet which was to be compared with the one being considered by the committee. It was also suggested that the NHS 111 service could also link in with the initiative to provide support. **FAQ sheet approved subject to amendment.** **GP letter approved.**	**MMT** - To amend the FAQ sheet with the following: • First question, first paragraph, amend second sentence with the wording '…… at risk of getting kidney injury or infection.' • Remove the remainder of wording from that paragraph • Third question, add the wording 'Which drugs pose a risk of AKI when you are poorly?' ❖ Add the following drug name examples to the bullet points: ❖ NSAIDS eg. Naproxen, ibuprofen tablets ❖ BP lowering drugs eg. Ramipril, losartan ❖ Diuretics eg.Furosemide, bendroflumethiazide ❖ Diabetes management eg. Gliclclazide • To include the sentence 'There may be others so please refer to your GP'.
34.10	**Factsheet: Sacubitril valsartan for chronic heart failure with reduced ejection fraction (BHRUT)** Medicines Management Representative explained that the NICE Technical Appraisal Guidance (TA388) introduced sacubitril valsartan to the NHS via an early access to medicines scheme. It	**BHRUT** - To include Barts Health NHS Trust contact details in the factsheet

	was made available within thirty days following the publication of the TA. Subsequently a working group of GPs and specialist clinicians across NEL and NCL had produced a factsheet to support prescribing which had already been approved by the Medicines Optimisation Committee and Drugs & Therapeutics Committee of BHRUT and Barts Health respectively. Therefore the committee was only requested to consider whether other community providers contact details should be included within the document. It was agreed that Barts Health NHS Trust contact details should be included in the factsheet. NELFT colleagues did not feel it necessary to include their contact details as sacubritil valsartan would not be initiated by the NELFT Heart failure service. **Agreed for Barts Health NHS Trust contact details to be included in the factsheet.**	
34.11	**Patient Safety Incident: Repeated incorrect prescribing of female catheters for male patients (NELFT)** Reports of incorrect prescribing of female catheters for male patients had been received and therefore the committee was requested to consider the following recommendations to enhance awareness and ensure patient safety: • Raise awareness with GP surgeries and all those with responsibilities for generating prescriptions (an example of a poster had been provided to the committee) • Raise awareness amongst community pharmacists (poster as above) • Address the incidents with the GP practice and community pharmacist concerned if identified not be an economy wide risk • Consider warning messages on GP/community pharmacy computer systems It was requested that a template order form be provided and a formulary produced to support GPs prescribe catheters appropriately. NELFT colleagues agreed to consider the possibility of both a template form and formulary being available. BHR CCGs agreed to raise awareness by highlighting the issue to BHR GP practices via the MMT newsletter and the addition of a Scriptswitch message to the GP computer system. Medicines Management Representative stated that the message had been communicated to prescribers in the July 2014 newsletter. Whilst a newsletter for community pharmacists was not currently available this may be a way of communicating information to BHR pharmacists in the future. **Agreed to action all recommendations where possible.**	**MMT** - To include an article in the next MMT Newsletter linking to the poster to BHR GP practices - To include an article in a future MMT community pharmacy newsletter linking to the poster, if its production received approval - To add an appropriate ScriptSwitch message to the GP computer system
34.12	**Podiatry Services – management of Diabetic Foot and referral letters to GPs/A & E (NELFT)**	**NELFT** - The following amendments or clarifications were required:

	NELFT Representative explained that in-house guidance had been produced by the NELFT Podiatry team and the document had also included various letters to GPs that required consideration by the committee. Amendments or clarity on wording was required for the following letters: • For Immediate Action • For Action-active Diabetic Foot Problem • For Action **Not approved.**	• All letters refer to Redbridge Podiatry Team's address, clarify if this would be for Havering and B & D CCG too • For Immediate Action o clarify that the letter should be sent to the Acute Trust as it states 'Dear Dr' o Confirm pathway for B & D and Havering CCG for Charcot referrals and check BHRUT fax number which seems to be unobtainable at present • For Action-Active Diabetic Foot Problem and For Action letters o clarify that the letters should be sent to the Acute Trust as it states 'Dear Dr' o Dressing on Prescription, delete (Repeat)
34.13	**Emergency Oxygen Use in GP Practices Adult Guideline (BHR CCGs)** Medicines Management Representative provided background to the production of the above guideline and the committee were requested to approve the document for circulation to BHR GP practices. **Approved subject to amendments.**	**MMT** - Add the wording to the first sub-heading to state 'In an emergency situation before the arrival of an ambulance' - Add a checklist of equipment that would be required - Amend bullet point 10 of the Emergency Oxygen therapy procedure to state 'Monitor according to patients response to oxygen therapy ….' - To add a record sheet to the guideline (Appendix 1) which would enable the staff in attendance to record the patients response to the oxygen therapy
34.14	**Safe and Effective Repeat Prescribing and Repeat Dispensing (LPC)** LPC Representative explained the development of the above guidance and the working group members who were involved in its production. This had previously been considered by the APC in 2013 however having been amended it was now being re-submitted to ensure that the recommendations outlined within the Standing Operating Procedures to support the process were clear and robust. Whilst there was discussion surrounding the responsibility for repeat dispensing of items, it was acknowledged that relationships needed to be improved if safe and effective repeat prescribing and repeat dispensing was to be maintained ensuring patient safety and waste reduction. Amendments were requested to the guidance together with the addition of an appendix to record conversations between stakeholders once a problem has arisen to ensure that any issue was clearly documented. It was also requested that agreement from the LMC be sought as to the guideline content. BHRUT highlighted that patients are frequently admitted to hospital with many medicines that are no longer required for their health needs and therefore fully support the 'no waste' approach. It was agreed that should the pharmacist continue to breach the general principles, once point 3 outlined in the section had been reached, the MMT would consider the following on a case by case basis:	**LPC** - To add page numbers to the document - Page 4, - Standard Operation Procedures, point 2, remove the second bullet point ' At the point of dispensing' - What happens if the pharmacist continues to breach……, point 2, include LPC and LMC contact details - Joint working to include LPC liaising with community pharmacist and LMC liaising with GP **MMT/LPC** - To seek LMC comment on content

	i) No further action deemed necessary ii) Contact NHSE iii) Contact Counter Fraud Office **Not approved.**	
34.15	**Communication with Community Pharmacists (BHR CCGs)** Medicines Management Representative explained the requirement for a mechanism to be put in place to ensure that community pharmacists receive appropriate communication to support the approved Medicines Management (MM) work plan agenda. This was felt necessary as anecdotal reports from GP practices suggested that some community pharmacists communicated messages to patients contrary to the agreed MM workplan. Whilst it was acknowledged that the APC minutes were circulated by the LPC it was suggested that a more direct approach from the MM team via a newsletter may provide more clarity and enable appropriate support to be provided to the approved MM initiatives. A MMT Newsletter for Community Pharmacists was agreed copying in the LPC. A distribution list of nhs.net accounts for BHR community pharmacies was to be obtained from NHSE. **Approved.**	**MMT** - To produce a MMT newsletter for community pharmacies within BHR - To obtain a BHR community pharmacy distribution list of nhs.net emails from NHSE
	HP left the meeting.	
34.16	**Antimicrobial Leads/Champions (BHR CCGs)** Medicines Management Representative advised that at the recent North East London (NEL) Antimicrobial Resistance Strategy Group (AMRSG) it had been established that mechanisms existed within other NEL CCGs for antimicrobial leads/champion to support the reduction of inappropriate prescribing within primary care. Antimicrobial prescribing data had been presented which outlined the success of City & Hackney, Newham and Waltham Forest CCGs. It was therefore suggested that BHR CCGs consider antimicrobial leads/champions be identified either at practice or emerging network level to commence peer reviews in support of responsible prescribing and antimicrobial stewardship. It was agreed that each Network system would nominate an antimicrobial lead/champion. To support their reviews of practices, data for high prescribers of antibiotics would be made available. A microbiologist would also be available to support any suggested change in prescribing behaviour. **Approved for Network systems to identify antimicrobial leads/champions.**	**MMT** - To communicate to BHR Networks the APC request for antimicrobial leads/champions to be established – GPs to be offered the opportunity to volunteer for the role
34.17	**Summary Care Records Information (NELFT)**	**MMT**

	This item was deferred as the item required further research to be undertaken to it as to how the uploading of enhanced patient medication information could be achieved and the anticipated increase in GP workload that would be expected. **Deferred.**	- To ascertain process for automated enhanced patient medication information from IT
34.18	**Patient Group Direction (PGD) for the supply of analgesics by emergency and urgent practitioners in PELC** PELC Pharmacist explained to the committee that the PGD had been revised to align with the British National Formulary (BNF) regarding doses of paracetamol for patients. Concerns were raised regarding the use of the PELC service and patients ability to obtain simple analgesics that could be purchased by themselves and the amount of medication that is then provided by PELC colleagues once they have reviewed the patient. It was acknowledged that a Havering GP in managing patient behaviours around self- limiting conditions, had provided only 10ml of paracetamol for a patient after consultation. PELC colleagues advised that 100ml was the amount provided on PGD which was in line with their current guidance. **Approved subject to amendment.**	**PELC** - To amend the PGD with the following: Page 3, Specialist qualification and competencies, bullet point 2, to add details or a link for competency training requirements Page 19, Exclusion criteria, add 'and below' to Children aged 16 years Page 22, References, require update to out of date information Page 25, References, require update to out of date information
34.19	**Respiratory Therapeutic Review Service (BHR CCGs)** Medicines Management Representative provided background to the above service which could support the review of patients suffering from asthma and Chronic Obstructive Pulmonary Disease (COPD). The service would be run by an independent third party organisation funded by a pharmaceutical company. The committee was asked to consider the options recommended and the following services were considered: - IMPACT (Improving the Management of Patients' Asthma and COPD Treatment) service sponsored by Teva UK Ltd - REACT (Respiratory Excellence Achieving Control Today) service sponsored by Chiesi pharmaceuticals - ORCA (Optimising the Review and Control of your Asthma Patients) service sponsored by NAPP pharmaceuticals An overview of the above services was discussed and the following option was approved: Option 4 - Agree to work with Teva UK Ltd and Chiesi as both provide an asthma and COPD service. **Option 4 approved.**	**MMT** - To facilitate a plan in April 2017 with NHSI and each pharmaceutical company on the roll out, monitoring and outcome reporting of the approved services

34.20	**Acute and Repeat Prescribing Policy update (BHR CCGs)** Medicines Management Representative highlighted the update that had been made to the document since its APC approval and the committee were requested to consider the addition of wording to page 4 of the Written Acute and Repeat Prescribing Policy Guidance. The additional information would ensure that clinicians included in the patient records details of the patients medications that were not being prescribed by the GP practice e.g. Specialist medicines, anticoagulants (warfarin) etc.. **Approved.**	**MMT** - To add to BHR CCGs websites
34.21	**2017/18 Medicines Management Workplan (BHR CCGs)** The 2016-18 Medicines Management Workplan had previously been considered and approved by the APC, however the committee were requested to approve the revisions that had been made to support workstreams for 2017-18. Secondary care colleagues were requested to submit the revised workplan to their respective committees for information purposes. **Approved.**	**Acute Trusts** - To ensure the revised workplans are submitted to their respective MOC/DTCs for information
34.22	**Primary care rebates schemes in operation across BHR CCGs** Details of current rebates schemes (March 2017) were provided to the committee for information. It was agreed that these details would be placed on the BHR CCGs websites and an annual report to the BHR CCGs Audit Committee. **Noted.**	**MMT** - To upload details of the rebate schemes currently in existence to the BHR CCGs websites - Submit annual report of performance to the BHR CCGs Audit Committee
34.23	**Any other business** <u>Attendance to meetings</u> – The committee was informed that there was a lack of representation by BHR CCGs GPs to the BHRUT Medicine Optimisation Committee (MOC). Medicines Management Representative agreed to communicate a request for attendance to the meetings via email. BHRCCGs Mental Health Lead had recently advised that he would be interested in attending the NELFT Mental Health Services Drugs and Therapeutic Committee meetings when possible. <u>Enteric coated Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</u> – Concern was raised that PPI guidance currently states that when a NSAID is stopped the Proton Pump Inhibitor (PPI) should continue. However this may not be necessary for all patients who may not need the continuation of the supply of the PPI. It was agreed that an article would be included in a future MMT newsletter to clarify this for BHR GP practices.	**MMT** - Medicines Management Representative to communicate the request for a BHR GP to attend the BHRUT MOC meetings **MMT** - To include article in a future MMT Newsletter

	Meeting closed at 3.20pm.	
	Date of next meetings: **THURSDAY 25th May 2017 at 12.30 Boardroom A, Becketts House, Ilford**	